

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$152.00 for date of service 07/31/01.
- b. The request was received on 07/29/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/09/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/12/02. The response from the insurance carrier was received in the Division on 09/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor:

“The above radiological examination is being disputed for reimbursement. We are a radiological facility and only perform procedures that are ordered by the patient’s treating physician. This patient’s treating doctor ordered a radiological examination to assist him/her with the treatment of this injured worker.”

2. Respondent:

“First, the proper fee for the professional component of CPT Code 72295 (discography under radiological supervision) is \$76.00, not \$87.00 per the Fee Guideline. Second, and more importantly, discography under radiological supervision does *not* have the ‘each level’ language of CPT 62290 (injection procedure for lumbar discography). Thus, since CPT 72295 does not have this language, it is clear that it cannot be billed for each level or the drafters would have provided for it as they did for CPT Code 62290.”

### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/31/01.
- The explanation of denial listed on the EOB is “ZPK-THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/31/01 07/31/01	72295-26-76 72295-26-76	\$87.00 \$87.00	\$0.00 \$0.00	F F	\$76.00 \$76.00	MFG R/N CPT & modifier descriptor	The provider billed the disputed CPT code 3 times on the DOS in dispute, billing for each lumbar level. The carrier reimbursed 1 level and references the Medical Fee Guideline (MFG), CPT descriptor in their denial of the other 2 levels. The CPT descriptor states, “Diskography, lumbar, radiological supervision and interpretation.” The 29 <sup>th</sup> edition of the <u>Dorland’s Medical Dictionary</u> , defines discography as “radiography of the spine for visualization of an intervertebral disk, after injection into the disk itself of an absorbable contrast medium.” It is not necessary for the CPT descriptor to state reimbursement per level when the definition of discography is considered. The definition of discography itself indicates that it should be billed per level. The medical documentation indicates that 3 levels were performed and that the provider billed properly. Therefore, additional reimbursement is recommended in the amount of <b>\$152.00</b> .
<b>Totals</b>		\$174.00	\$0.00				The Requestor is entitled to additional reimbursement in the amount of <b>\$152.00..</b>

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$152.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8<sup>th</sup> day of January 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb